

<b>Case Number:</b>	CM13-0010810		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

51 y.o female with injury from 10/31/11. Listed diagnoses from 6/11/13 report are lumbar myalgia, myospasm; left-sided lumbar neuritis/radiculitis; lumbar degenerative disc disease; lumbar disc protrusion; status post L4-S1 left microdiscectomy. The requested for discogram was denied by Utilization review 7/24/13 stating that the ACOEM guidelines do not support it. Review of the reports show that the employee's MRI from 3/12/13 showed left foraminal narrowing at L5-S1 due to broad-based disc bulge, and left focal osteophyte. Two tarlov's cysts were noted. The patient has 8-9/10 pain and left leg pain at 7/10. The employee was temporarily totally disabled per 6/11/13 report. The 3/20/13 report is an operative report for left L5 and S1 transforaminal injections. Unfortunately, the most recent reports containing the treater's recommendation currently disputed is missing. The 2/8/13 report describes excruciating pain, taking Naproxen, Percocet, Robaxin that make her pain tolerable without side effects. Gabapentin was started, and ESI was recommended. The 6/18/13 report shows that the patient is to proceed with a psychological evaluation to be cleared for a spinal cord stimulator trial. [REDACTED]' most recent report is from 9/10/13 and does not discuss discogram.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Injection procedure for discography, each level; lumbar setting: outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** ACOEM guidelines indicate that discogram would be reasonable if lumbar fusion surgery was a realistic consideration. In this employee, fusion surgery is not a realistic consideration. Lumbar fusion is not recommended per ACOEM guidelines for spondylosis, which is what this employee suffers from based on MRI findings. The employee does not present with fractures or instability of the lumbar spine following the decompression surgery. Given that the patient is not a surgical candidate for fusion, Discography is not supported per ACOEM guidelines. The request for Injection procedure for discography, each level; lumbar setting: outpatient is not medically necessary and appropriate.